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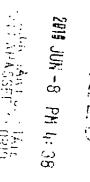
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT: Th-	reative Cla	Limited Liability Company	
			ansact Business in Florida," Certificate of y company to transact business in Florida.
Please return all correspond	ence concerning this matter to the	following:	
	Alexa Clauson	ame of Person	
	The Creative Cloth	irm/Company	
	20. Boy 840333	Address	
<u></u>	· Augustine FL City/s	32080 State and Zip Code	
	alexa Ospindlean	drse.cm	
	E-mail address: (to be use	d for future annual report no	tification)
For further information con-	terning this matter, please call:		
<u> </u>	ame of Contact Person	at (303) 94 Area Code Day	time Telephone Number
MAILING ADDR Division of Corpor Registration Sectio P.O. Box 6327 Tallahassee, FL 32	ations n	Division Registrat Clifton B 2661 Exc	of Corporations ion Section duilding ecutive Center Circle see, FL 32301
Enclosed is a check for the f	- .	☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA-The Creative Cloth LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.") Stora do Recion under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty instillity) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Title or Capacity: Title or Capacity: <u>22124</u> (Use attachments if necessary) 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

The Creative Cloth, LLC

is a

Limited Liability Company

formed or registered on 03/30/2016 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20161227966.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 06/01/2018 that have been posted, and by documents delivered to this office electronically through 06/06/2018 @ 09:18:53.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 06/06/2018 @ 09:18:53 in accordance with applicable law. This certificate is assigned Confirmation Number 10940079



Togran. Tolerana

Secretary of State of the State of Colorado

End of Certificate*******

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/hiz/Certificate/SearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."